

*Fee only***PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

5 Applicants: Min-Hsun Hsieh, Examiner: Wilson, Allan R  
Tzu-Feng Tseng,  
Wen-Huang Liu,  
Ting-Wei Yeh,  
Jen-Shui Wang

10 Filing Date: 07/14/2003 Art Unit: 2815  
Serial No.: 10/604,352 Docket No.: KYCP0009USA  
Confirmation No.: 1351 Customer No.: 27765

**RECEIVED  
CENTRAL FAX CENTER  
OCT 22 2004**

15 Title: Light Emitting Diode Having an Adhesive Layer and a Manufacturing  
Method Thereof

To: Commissioner for Patents  
P.O. BOX 1450  
Alexandria, VA 22313-1450

20 Subject: Response to the Office action mailed 06/23/2004

**INTRODUCTORY COMMENTS**

25 In response to the above-identified Office action, reconsideration of the  
above-identified application with regards to the remarks below is respectfully  
requested. The application is amended in an effort to overcome the rejections made  
by the examiner.

BEST AVAILABLE COPY

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2004

Application or Docket Number

10/604352

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3=	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

5/18/04

## CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 22	Minus	** 22	=
Independent	* 2	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

10-22-04

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 22	Minus	** 22	=
Independent	* 2	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	\$375
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	\$750
X\$18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	18
X43=	
+145=	
TOTAL ADDIT. FEE	18

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	